

# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

WAR BULLETIN

Vol. 1 No. 12.

SEPTEMBER 1st, 1940.

Price Fourpence

### LIGHT IN OUR DARKNESS?

FOR most of us, the age of twenty-one, far from being the age of discretion, would more truthfully be termed the age of disillusionment. Presumably that feeling comes in varying degrees to every generation, but since facts are always more poignant when applied to oneself, it must seem to many of us that we are in a must have seemed to many of us that we are in a veritable pit of disillusionment, ringed with the crumbling edifices of youth and with a large notice in the middle, marked PRESENT. Let it not be supposed that our pit is not a very pleasant place: we eat, sleep, play, work (if a little tentatively), drink, make love, and generally enjoy ourselves; in fact, we are for the most part entirely oblivious of our confinement. But occasionally, and even more frequently as the years go by—aye, there's the rub—that relentless power of reasoning, the only thing that puts us on a higher plane than animal life, rolls back the mists and we are face to face with the walls of our pit. For many of us those comforting mists have worn very thin these last few years. A claustrophobia has set in, and we feel that at all costs we must find the way out; we argue madly round the walls seeking for a foothold so that at least we may peer over the top and see what is ahead. A few of our edifices have their corner-stones still standing, and we leap on to these in the hopes of finding our way up the old familiar stairways. Religion with its broad and magnificent base offers a mounting block. But the way up is precipitous and so strewn with the debris of cant, sect and doctrine that most of us have difficulty in picking our way, and regretfully turn back, with a mental reservation that we will try again one day.

Politics presents its gaily painted façade, but crumbles at the first touch, rotten to the core with Cancer of the Press, Big Business and Self-Seeking. Nationalism, Racial Theology, the Service of the State, bring the boulders of War, Persecution and Intolerance thundering about our ears; while the steps of Democracy are so coated with the slime of hypocrisy and fraud that it is impossible to keep one's foothold.

Thankfully we turn to the broad stretches of Art and Science, and the way looks firm and solid, reaching away in an endless chain of possibilities. The thralldom of Music, Books, Poetry, Colour, Form, Research, Pure Science, each are gratefully claimed—but only for a chosen few does this road lead out of the pit, and most of us have to return again, calmed and comforted perhaps, but still unsatisfied.

What is left? Acceptance? An endless milling round and round with Cynicism, Fatalism, Hedonism; or is there an avenue down which a distant light can be seen, the Evolution of Man? There is a tendency to regard the development of mankind as a *status quo*; but the last hundred years has produced mechanical progress beside which all previous efforts appear as the tracings of a reluctant snail. The advent of the internal combustion and petrol engine coupled with advance in agricultural science and engineering have made it possible for all peoples of the world to be clothed, fed and housed, and yet to have time for leisure; the speed of travel, the production of the wireless, telephone and television, have opened up vistas of intercommunication of thought, music and art to an extent hitherto undreamed of. In the sphere of Medicine we have decimated the infant mortality rate,

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produced anaesthetics and practical surgery, fought successfully with pathogenic organisms, and seen the beginnings of efficient public health. Everything, in fact, calculated to make the world an entity rather than a collection of warring states.

"That's all very well," says the critic, "but look at this world of yours—never has there been such chaos—your engines have made the bomber and the battleship, the agricultural implements and the dust belt, bringing starvation and desolation; your science the poisonous gases, your wireless the cult of sentimentality. No, you can't change human nature. Civilisation must inevitably destroy itself." The answer is, give a layman a tube of insulin and see what he does with it. Of course, the world may indeed destroy itself; but if it does, it will be in the pains of child birth, not in the agonies of old age. The last twenty years have shown that all over the civilised world there has been an awakening of a world conscience, an active revolt against the old conception of every man or nation

for himself and the devil take the hindermost; the birth of a real Internationalism—witness the myriad organisations, the League of Nations, the International Student Conferences, the Boy Scout Jamborees—all, you may say, quite useless; but the idea has been born. Finally, an awakening of a social conscience, a gradual revolt against the extremes of living—dire poverty and over-abundance.

One great country, Russia, tried to force the issue, to short-circuit one link in the long chain; with what results few of us are qualified to judge—but we know that premature deliveries are fraught with complications; still the ideal remains magnificent and courageous, and only time will tell in what manner the millenium shall come.

All this has happened in the last hundred years of the odd two thousand that history reveals to us, a period which in itself is less than a second in the Evolution of Man. Isn't there a little light for the future, even in our own time?

### STICKY STAMPS

One of the most fascinating "war efforts" that can be made these days is the saving of paper by re-using old envelopes. The Hospital's Appeals Department has left over from the Mansion House Fund campaign—unfortunately terminated by the war—a large number of attractive sheets of adhesive stamps in green, red, mauve and blue, which were on sale at that time at a price of 12 for a shilling.

These make admirable "stickers-up" of old envelopes—we have found them so ourselves, having not used a new envelope for nearly two months now—and a complimentary sheet of stamps is enclosed in each copy of this JOURNAL. Further sheets can be obtained from the Appeals Department of the Hospital at the ridiculous price of 2d. per sheet of 12.

### OCTOBER ISSUE.

*Contributions for the October issue should be received not later than Sept. 16th.*

### DISTINGUISHED SERVICE

The following has been brought to notice in recognition of distinguished services rendered in connection with operations in the field up to June, 1940:—  
*Commands and Staff:*

Weddell, Col. J. M., F.R.C.S.,

—*Times*, 27.7.40.

The following have been brought to notice in recognition of distinguished services rendered in connection with operations in the field up to March, 1940:—

*Royal Army Medical Corps:*

Hankey, Lt.-Col. G. T., T.A.

Crellin, Major D., M.C.

Underwood, Capt. (acting Major)

W. E., S.R.

—*Times*, 29.7.40.

### L.S.A.—October Examinations:

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## CONSCRIPTION

By SIR GIRLING BALL,  
Dean of the Medical College

For the first time in history, conscription has been applied to the medical services of this country. Owing to the very large influx of men into the Army recently it became clear that it would be very difficult, if qualified men continued to be taken at the same rate, to cater properly for the attendance on the civilian population. The circumstances are quite different in this war from the last, as it is certain that air raids on this country are going to make a much greater demand on the services of the Medical Profession. Further, there has been an increase in the number of Hospitals throughout the country; provision has to be made for their staffing.

The Government was, therefore, approached to give powers to the Central Medical War Committee to invoke a modified form of conscription to the civil medical service, and it has been agreed that it shall be applied to those recently qualified, within a period of two years from their date of qualification, and, if circumstances subsequently demand it, up to the general conscription age.

Practitioners are not recommended to the Services within six months of qualification, but are urged to gain experience during that time by seeking an appointment through the usual channels, preferably as a junior house officer at a hospital. If at the end of three months after qualification a practitioner has *not* obtained a hospital post, he may be required to undertake work in any hospital post then vacant, at the remuneration normally payable at the hospital concerned. This means that every man who is qualified should get his name registered, and seek and obtain a house officer's appointment in a Hospital. On his appointment to a post he should notify the C.M.W.C. of the fact. If he is unable to find one he should tell the C.M.W.C. at British Medical Association House, Tavistock Square; he will be given a selection of any vacant Hospital posts available for which he should apply. Compulsion will not be applied unless a man persistently refuses an appointment offered to him.

He will be allowed to hold the appointment for a period of six months, and will be eligible for election to a senior appointment for a further period of six months, with the proviso that during this

second period he may be called up to serve in the Services if required. But as a general rule he will be allowed to hold these two appointments for a total of twelve months.

Having completed his appointments he is then placed at the disposal of the C.M.W.C., who will advise him as to his future procedure.

At Bart.'s there are a certain number of men who have already held an appointment for three months. Those who are holding a second appointment will be allowed to do so for six months. They must then place themselves at the disposal of the C.M.W.C.

Owing to the fact that the present house appointments are to be extended to six months as from August 1st, there will be a certain number of men who, qualifying in September, may be seeking House Appointments at Bart.'s. In order to avoid being conscripted after three months, they should notify the Dean's office that it is their intention to apply for a House Appointment at St. Bartholomew's, to commence in February, 1941. Others not attempting to obtain appointments will be held at an earlier date than usual. In the meantime men should try to get their University degrees. These men, together with those who hope to qualify in January, should send in their names to the Warden before December 1st, 1940. Others not attempting to obtain appointments on the Bart.'s Staff should obtain a House Appointment as soon as possible after qualification.

A new arrangement of Junior Staff appointments has been devised to bring the offices as near as possible to normal. This scheme will be explained to prospective candidates on application to the Warden.

After holding a House Appointment, a limited number of men will be required to hold Demonstrator and Chief Assistant posts. The men holding these appointments at present will continue in office for the normal period. They will be exempt from conscription until the end of this period. When their appointments come to an end, they must then place their programme before the Dean of the Medical College, who will advise them as to their future steps. Those men still in doubt as to their position should consult with the Dean or the Warden.

## OUR CANDID CAMERA

(Second Series)



"The Hormonal Balance"

## DIPLOPIA IN A CASE OF THYROTOXICOSIS

by R. J. EVANS

MISS J. W., aet. 23, a farm worker, was admitted to Friern Hospital on the 17th October, 1939, under the care of Mr. J. B. Hume.

The patient had a history of thyrotoxicosis extending over the past five years. From the beginning, exophthalmos had been present in both eyes, though it was more pronounced in the left eye than in the right.

However, vision was not interfered with until four months before admission. At this time, the left eye—in the patient's own words—"appeared to drop."

She now had diplopia and had considerable difficulty in seeing moving objects.

Whenever she wished to see clearly, she was obliged to cover one eye with her hand and this was naturally a great handicap if an attempt was made to play tennis or to drive a car.

On examination of the eyes, it was seen that there was bilateral exophthalmos, though more pronounced on the left side than on the right, and that there was a weakness or paralysis of the right internal rectus muscle.

The two photographs shown, taken before the operation, illustrate the condition of the eyes.

Photograph 1. This was taken when the patient was looking straight in front of her. There is apparently no strabismus.

Photograph 2. When this was taken the patient was attempting to look at an object on her left. The left eye is directed at this object, while the right has lagged behind and is still directed nearly straight ahead. Needless to say, there was diplopia.



After the usual preliminary treatment, a partial thyriodectomy was performed by Mr. Hume, from which the patient made an uneventful convalescence.

In April of this year, the patient wrote that her eyes had improved and seldom worried her.

Fig. 1.



#### Discussion.

Exophthalmos is present in about 80 per cent. of cases of thyrotoxicosis and is usually bilateral.

It is, however, frequently more pronounced on one side than on the other and is sometimes unilateral.

The various eye signs mentioned in most books are of little interest, except from the academic point of view, as the patient is seldom troubled in the least by her ocular condition unless the exophthalmos is so marked as to cause actual difficulty in closing the eyes.

Paralysis of extrinsic ocular muscle sometimes occurs. This often results in squint and diplopia.

Bram states that squint and diplopia are not rare in Graves' disease, but only 15 cases of this sort occurred in his series of 5,000 cases observed over a period of 25 years in America.

Wedd and Permar report a case of a woman of 37 with recurrent Graves' disease in which symptoms began with visual disturbances, due to an external ophthalmoplegia.

According to Foster Moore, the external rectus is most affected, but at times the internal rectus is involved and occasionally all the external muscles may be paralysed or defective in action. The effect may be transient or intermittent but is often prolonged.

Fig. 2.



He considers that there is little doubt that the defective movements are due to changes in the muscles, either in the form of oedema or fatty infiltration, and not to a nerve lesion, for the paralyses are often quite irregular and do not correspond with the distribution of any particular nerve or nerves.

Fraser mentions weakness of single external ocular muscles as one of the less common symptoms of toxic goitre which are difficult to explain on a basis of excessive thyroxine production.

It is well known that the exophthalmos is very intractable, and may still remain long after the other symptoms of thyrotoxicosis have cleared up as a result of treatment.

This probably is also the case with muscle paralyses, and little can be done for the patient apart from covering one eye with an opaque lens.

I am indebted to Mr. Hume for permission to publish this case.

#### References.

- Parsons, J. H. (1938): Diseases of the Eye.
- Bram I. (1936): Exophthalmic Goitre and its Medical Treatment.
- Wedd, A. M., and Permar, H. H. (1928): *Amer. J. M. Sc.* 175: 733.
- Foster Moore, R. (1925): *Medical Ophthalmology*.
- Fraser, F. R., and Dunhill, T. P. (1934): *Bart.'s Hosp. Rep.*, 67, 133.
- Bart.'s Hosp. Rep.* (1891), 27, 133.

## THE USE OF NICOTINIC ACID IN THE TREATMENT OF VINCENT'S INFECTIONS OF THE MOUTH

During June and July several cases of oral sepsis were admitted to the London Fever Hospital. This term was used to cover all grades of oral and pharyngeal ulceration and sepsis, accompanied by but little constitutional upset. All cases occurred in soldiers, some of whom had been involved in the final phases in France and others who had had severe tonsillitis. They were deeply tanned, and appeared well and fit—in surprising contrast to the grossly septic condition of their mouths. The first case was given purely local treatment, two were given N.A.B. (0.45 Gm. intravenously), the last three Nicotinic Acid by mouth—following the treatment advocated by J. D. King (*Lancet*, July 13th).

### Case 1.

PRIVATE B., aged 31, a bathman on the way out to the Somme, and a machine gunner on the way back; admitted June 24th with sore throat and difficulty in swallowing.

*O.E.:* Very sunburnt, very hungry. T. 98. P. 65. Right tonsil grossly enlarged to the midline and hanging down into posterior pharynx. On the superior surface several deep ulcers with grey floors.

*Treatment:* Gargles and throat paints.

*Result:* Cleared very slowly in 19 days. The dysphagia persisting for some time.

### Case 2.

PRIVATE L.P.M., aged 30. Admitted on June 6th with sore throat and painful gums. Gave a history of previous tonsillitis. A heavy smoker, he had been living in crowded quarters, and eating tinned food.

*O.E.:* Though naturally pale, looked well. T. 99. P. 70. Foetor oris marked. Pulpulent bleeding gums. Carious teeth. Half inch ulcer with grey membranous floor on right tonsil. Cervical glands tender.

*Treatment:* After one week of local treatment without any noticeable improvement, .45 gm. N.A.B. were given intravenously. Slow separation of the membrane followed. The case was discharged in 20 days.

### Case 3.

RECRUIT M., aged 19. Admitted June 29th with sore throat and dysphagia. History of sore throat for 6 days previously. Now afebrile. Acute tonsillitis 7 months ago.

*O.E.:* A tall well-built guardsman. Looked very fit and sunburnt. Foetor oris marked. Right tonsil grossly enlarged, extending far down into posterior pharynx. On the antero-superior surface there was a large pouting necrotic mass the size of a penny. Tongue and gums normal.

*Treatment:* Local, and .45 gm. N.A.B. given intravenously. Slough separated slowly. Throat still painful and swollen by July 10th. Retained in hospital for further 6 weeks for tonsillectomy.

### Case 4.

PRIVATE J., aged 21. Admitted July 21st with sore throat and malaise. History of sore throat for 2 days, and tender painful gums following a difficult extraction.

*O.E.:* Flushed and in obvious malaise. T. 100.6. P. 96. Follicular tonsillitis present. Sloughing greenish ulcer at site of molar extraction. Gingivitis also present. Microscopic examination showed profuse numbers of treponema *vincenti* in ulcer.

*Treatment:* Sulphonamide cleared the tonsillitis in 24 hours. Temperature then normal. Then nicotinic acid 250 mg. per day for condition of gum, which was not affected by sulphonamide therapy. August 4th—gum healed completely. No ulcer present. Tongue clean. Tonsils natural.

### Case 5.

MACHINE GUNNER W., aged 32. Admitted July 26th, 1940, with acutely sore mouth and difficulty in eating any solid food. This patient presented the worst case of oral sepsis seen for a long time. History: Condition arose in France during return to Western ports; without proper food for 3 weeks; lived on green strawberries and bully beef and biscuits when obtainable. Since then 4/52 treatment in dental department. —local astringents to the gums. No improvement.

*O.E.:* T.P.R. normal. Looked fit; deeply sunburnt. Hungry. Stench from mouth powerful at 3 feet. The open mouth presented a view of bright red pulpy gums with a green sloughing margin well withdrawn from the bodies of the teeth. An abundance of greenish pus mixed with small quantities of blood lay in this groove between gum and teeth. The pharynx was red and injected, the tongue sore. It was impossible to use a toothbrush owing to the pain.

*Treatment:* Nicotinic acid, 500 mg. per day.

*Result:* July 29th. Mouth felt much better. Able to eat. August 10th: Zinc chloride locally in additions. August 15th: No foetor and no pus; still some pain and redness. August 18th: Gums are remarkably clean; pale, pink and firm except around upper incisors. No foetor, no pus, and no pain. Still some retraction of gums from teeth.

### Case 6.

PRIVATE L., aged 23. Admitted July 23rd, 1940, from a military hospital with sore throat and dysphagia. History of acute tonsillitis for 4 days 3 weeks ago. Two weeks ago ulceration of right tonsil. Treated successively with chronic acid locally, ascorbic acid 500 mg. per mouth, acetylarsonic intramuscularly. No improvement after one week. "Throat as sore as the day he entered."

*O.E.:* Fit looking man. T.P.R. normal. Right tonsil showed ulcer with shaggy grey base. Grey excoriations on buccal mucous membrane. Foetor oris marked; cervical glands tender.

*Treatment:* Nicotinic acid 250 mg./day. July 29th: Ulcer healing rapidly. Tonsils and tongue clean. August 2nd: Discharged. Tonsils normal; small cleft marks site of ulcer.

*Summary.*

The impression gained from these few cases was that intravenous arsenic did improve the mild types, removing the slough from the throat, but did not alleviate the condition of the gums, and the response was by no means dramatic.

After therapy with nicotinic acid all patients at the end of the third day said without special inquiry that their mouths

felt very much better, while inspection showed the grey ulcers melting away, and the fiery redness fading from the tongue. Local treatment alone produced no early detectable response, the soreness and dysphagia persisting quite unaltered for many days.

These cases are published by kind permission of Sir William Willcox, K.C.I.E., Hon. Physician to the Hospital.

G.D.G.

## THE FLOWERS IN THE PARK

"PINK geraniums; " shouted a voice, and I turned round. There were no pink geraniums in sight, only a dilapidated man in a bluish suit and a bowler hat; he was leaning against the park railings and looking a little unhappy.

"I beg your pardon?" I said as I walked up to him. I can remember many an important conversation which had an even less promising beginning.

"Yellow daffydils," went on the man in the bowler hat, adjusting his position against the railings and waving his arm generously towards a bed of antirrhinums.

"Black pansies," I answered, hoping that this was the password. But it wasn't.

"There isn't no such things," said the man in the bowler hat emphatically. "It just ain't true, sir. They're mostly plain dark blue, though they does their best to look black. It's the packet what makes you think they're black. There's a fortune for the man what can grow a black pansy."

"But I have an aunt who grows black pansies in a window-box," I said, "and she says they're so black that you can't see them at all at night." I have so many aunts that this might have been true of one of them even if I didn't know it.

"That may be, sir, but there isn't no such thing. I know," said the man in the bowler hat, and he spoke with such conviction that I decided he must have inside information from the Pansy Growers' Federation.

"Perhaps you're right," I answered humbly. "But how do you know so much about it?"

"I was gentleman's gentleman to Lord Maidlow for thirty years, sir," said the man. "Maybe you knew 'im? 'E lost all 'is money a-racin' 'orses. Didn't know one end of an 'orse from the other, so 'e backed

'em both ways until 'e'd used up all 'is father'd left 'im. Then 'e couldn't afford a gentleman's gentleman no more: so 'e died."

It was a shock to hear that any peer could be so irresponsible. "Do you really mean to say that he preferred racehorses to gentlemen's gentlemen?" I asked.

"'E did, sir," said the man taking off his bowler to air his scalp for a space. "I live at Woolwich an' I've got a wife. I don't get the Old Age for two years an' I've walked all the way 'ere."

"What about the black pansies?" I asked. "Of course, you're lucky having a wife, you know; she must be a great asset at Woolwich."

"I've walked ten miles to-day, sir," said the man with great determination as he stood up alone and without the railings. "An' I can't get work nowhere an' I've been in an' out of 'ospital for six years. Bile's the moisture of the stomach," he added, to make it clear that a gentleman's gentleman must be a man of considerable education.

"But why walk here? Is it for a sort of sentimental reason because Lord Maidlow grew black pansies like these?" I asked, pointing to the antirrhinums which seemed to symbolise horticulture in general.

"I was wondering, sir," said the man, "whether any kind friend'd give me a cup of tea. I've walked twelve miles to-day an' 'aven't 'ad a bite since breakfast."

"I expect you've got friends like me everywhere," I said sadly as I gave him a shilling and forgot about the black pansies. "And I expect they all get bitten too," I muttered as I walked away. I hadn't gone far before I heard him again.

"Pink geraniums!" shouted the man in the bowler hat derisively.



# BART'S THEATRE

## RED CROSS REVELS

The Red Cross Revels produced one of the most varied, amusing and entertaining shows that has ever been seen in the Bart's theatre. The energetic and versatile performers deserve the highest praise; for, despite its anti-semitic nature, the first performance raised twenty pounds. For that reason alone it would be shameful if the threat of banning future shows ever materialises.

The loudest words of praise must go to Jimmy's alluring falsetto, "Keep your tummy side up" when preparing Donald for appendicetomy (old style), and to the latter's brilliant "mighty Wurlitzer" act. Lyn Benson was undoubtedly a slicker, more terrified, and more mystifying rogue than Hampstead Heath, Epsom Downs or Bart's has ever before harboured.

Ronnie's unwavering hawk-like eyes and Gerry's oculogyrics while "the nightingale sang in

Berkeley Square" ruined the thick sentimentality of that song, thereby rendering it—to the reviewer—more palatable. Which of these two bore the closer resemblance to Harpo Marx in their fair wigs as baby girls will long be a matter for speculation.

The unknown voices act was an amusing innovation; whether the voices or the audience enjoyed it more is debatable. It is a pity that the other Ronnie's agile fingers on the piano were stilled for this; they would have accentuated the beauty and harmony of the singing.

I wonder if everybody else was as distressed as I at the oft-repeated christian names of the artists—and they deserve the name. Luckily they will remain in my memory as more interesting characters—Hamburger, Mittelschwertz, Rumpfelstein . . . und Schmidt.

## BINDLEBINE FORGIVES

"Sorry, Bindle."

"Sorry for what, shipmate?"

"Sorry I booted you out of Bart's that time, old man."

"What time, shipmate?"

"The time you didn't approve of some of our little customs—remember?"

"Oh yes," said Bindle ruminatively patting his posterior. "I do seem to recall something of the kind. Why should you start being sorry now though?"

"Well, Bindle, I realise now how right you were. Do you know what I saw in the synagogue—sorry, I meant Rees Mogg, the other day. No! Well, I'll tell you. I saw—on a ward round mark you—an incredible fellow wearing, if you please, full morning dress."

"Well, what's so bad about that?"

"He had pants-cuffs, Bindle—pants-cuffs!"

"If I knew what pants-cuffs were I might appreciate the horror more keenly," said Bindlebine.

"Toin ups, chum, toin ups!"

"Good lord, chum—no! Not turn ups!"

"Yes, turn ups—but that's not all

Bindle; beside this vision of perjured perfection stood a small fellow—first I thought it was a sunset—and then I thought he must have wrapped himself in a sort of chequered horse blanket because of our inclement English summer, but when I looked further and saw the dark blue flannels peeping out beneath the coat, and the vernal green which flowered above it in the approximate shape of a shirt I knew the worst."

"Just another student?"

"S'right."

"I trust the Herr Rectumsdokter was not taking that round."

"Fortunately no; he would not have approved—he doesn't approve of you by the way."

"No!"

"No!" he feels that you ought to have polyposis."

"What's that—it sounds terrible?"

"I'm not at all sure—but it must be frightful."

"Goodbye."

"Bung-ho."

CORTEZ.

## EDITOR'S NOTE

Subscription rates for the Journal are: Life, £5 5s.; 5 years, £1 11s. 6d.; annual, 7s. 6d. Readers are reminded that these rates bear no relation to the nominal charge of 4d. per copy made to students, to limit numbers in view of paper shortage; 4d. actually by no means covers the cost of producing one copy.

Authors are entitled to three complimentary copies of the number in which their work appears, but will only receive them on application. If reprints of an article are required, they are asked to send the order before the date of publication of the number in which it appears.

## "ACUTE APPENDICITIS"

**I**T all arose out of a pair of boots. . . . A few minutes before parade one morning George suddenly discovered that his were nowhere to be found, and he remembered to his horror that he had lent them to someone in another platoon for some special duty the night before. He was badly shaken. It was quite impossible to get them back in time, and his spare pair was being mended. There seemed to be no way out whatever—until he had his brain-wave. . . .

All of a sudden everyone in the barrack-room was astonished by the sound of tremendous groans of agony coming from George, who was holding his right lower abdomen, obviously in great pain. In a very few minutes he was being hurried across to the M.O., in charge of a corporal, still uttering the most blood-curdling noises. The M.O. made him lie down on a couch while he quickly observed that the site of the pain was the Right Iliac Fossa. So he made an easy and confident diagnosis, and went off to do some superbly efficient telephoning. The outcome of this was that in less than ten minutes George found himself in an ambulance being driven out of the gates of the barracks towards an unknown destination. He sighed contentedly as one who has done a good job well, and settled himself more comfortably on his stretcher. . . .

In about half an hour the ambulance drove into a small auxiliary military hospital, where the Resident Surgeon happened not to have had any work for a fortnight. So,

when he read the army form, which said quite dogmatically that here was a case of acute appendicitis, he was overjoyed. George was ushered with great ceremony into a surgical ward, where he was given a form to sign giving his consent for an operation to be performed upon himself. It was then that he began to get a little worried, and by the time the Surgeon and House Surgeon came round to see him, his pulse rate had risen to 90. However, he thought he had better carry the thing on for a little while, and when they tried to palpate his R.I.F., he held his muscles rigid and almost shouted with agony. Furthermore, he found a rectal examination to be a procedure quite foreign to his disposition, so that he protested vigorously, this time in all good faith. The Surgeon nodded significantly to his junior.

By now George felt inclined to make a clean breast of the whole affair, have himself given up to the military authorities, and suffer the consequences. But one thought deterred him—he wasn't at all sure that anyone would believe him. . . .

Three hours later he was being induced with gas, oxygen and ether. The operation was extremely successful, and the Surgeon stated afterwards that the appendix was sufficiently inflamed to warrant fully the signs and symptoms. The House Surgeon didn't notice anything wrong with it—but then he hadn't had much experience. Convalescence followed a reasonably uneventful course, so that altogether George had five weeks' "rest" from the British Army.

And it all arose out of a pair of boots. . . .



# TREATMENT OF SYPHILIS, 1756

From *The "Practice of Physick"* by John Allen

W HATEVER some Medicasters and Quacks may impudently boast of themselves, and their Secrets, every honest and ingenuous Physician, and Surgeon, with one Voice allow, that a *Confirmed Pox* can scarce ever be extirpated without a Salivation. The Methods of Salivation, by Quicksilver internally given, or outwardly applied, are various and well known, amongst which, it is sufficient to remark that Salivation by *Mercurial Uction*, is more efficacious than the rest, especially in great Complaints, and where it has been of long standing. In undergoing a Salivation, however raised, there are sometimes of Accidents arise very troublesome to the Patient, and to the Physician, such as *Diarrhœas, great Sickness at the Stomach, Swellings at the Jaws* beyond Measure, *Ulcerations, intolerable Pains, dangerous Hæmorrhages, &c. . . . .*

In order to guard against such grievous Complaints, and that it may not be brought to Extremities, the Physician, whilst raising the Salivation, should frequently recollect the Adage, *Haste Slowly*. The Calamity once brought on, no Opportunity is to be lost to free the Patient; *Emollient Glysters* are to be injected, *the Stomach to be strengthened, the Spirits revived*. The *Fotus Stomachicus* of Fuller for external Use and an *Epethema* to the Seat of the Heart, *Ex Theriacâ Andromachi. Spir. Lavend. Comp. & Ol. Garyophyllorum*: Internally, besides *Burnt Wine*, with *Aromatics Cordial Medicines, Distilled Waters of Mints, rightly prepared*, which is an incomparable Medicine, and has somewhat peculiar in it above the others, to assist, in the most speedy manner, the Complaint. . . . .

## EMBANKMENT

These have I missed; the strange phantom faces  
That haunt the City's crowded lonely places,  
In shadows on the curiously turned walls,  
When the night's velvet curtain swiftly falls  
On the long purple Thames and each old street  
And the starred, winking rainpools round lamp's feet.  
Then in the trees' dark parsley shadow well  
Innumerable eyes that know nor tell.  
They throng Knight Rider Street and Pudding Lane  
To Pelican Stairs and then right back again  
Beneath the Bridge and Tower's fog-shrouded ghost,  
Until by the slow rising mooring post  
And dripping steps of Paul's Pier Wharf, being free  
Plunge in the river's seeping mystery.

E. G. R.

Herts, 1940.

## TRUTH

Down the mysteries of uncertainty  
 Light and soft you stole, comforting me.  
 Proud you were and laid aside my fear  
 And bade me follow after, through the dear,  
 The dreaded way you showed. So hand in hand,  
 I not sure, and you that understand—  
 Swift and glad we'll go. There is a place  
 In front of time and hidden over space,  
 Cool with fragrant deep forgetfulness  
 And hushed for always, free and careless;  
 And there a wearied soul may melt and merge  
 And lips that tire with lies may freely purge  
 Their sadness, finding live-long truth in this:  
 The dear quick shame about you answering kiss.

I. E. D. M.

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## CORRESPONDENCE

### THE MEDICAL REFUGEE QUESTION

*To the Editor, St. Bartholomew's Hospital Journal*

Dear Sir,

... "Now remember, we do not want to repeat the mistake made in the last war, when there was a shortage of doctors, because students had interrupted their work and enlisted. Your job is to stick to your work, you are not eligible for any of the Forces, and you are only holding up work of importance if you are applying for enlistment in H.M. Forces before you are qualified." These were the words which Sir Girling Ball directed to us as we were sitting in the old Anatomy Rooms on August 27th, 1939. All were resolved to do their fittle and their best.

Eight months passed, Norway had fallen through Fifth Column activities, Holland had been overrun, Belgium was delivered to the foe, France gave itself away—all this had been achieved with the aid of Fifth Columnists. England might be invaded and the aggressor aided by similar forces in this country.

Somebody got the wind up and somebody put his foot down! But did it come down on the Quislings?

German and Austrian Jews—members of the Auxiliary Military Pioneer Corps who had done their work in Belgium and France, digging trenches and building roads, who, unarmed, had faced danger and who captured a German tank without weapons—they have arrived safely in England again—"the next of kin have been interned."

Quick action? Yes! Efficient action? Doubtful! Useful action? . . .

When Hitler started his drive against intellectuals, Jewish Doctors left their country, young boys took up medicine here, hoping to forget the terror of the Gestapo men knocking at their doors, older men of experience, including some of international fame, realised that there was no place for humanity in Germany. Some of them came to England, willing to continue their work, and grateful to this country of hospitality. They started to learn again (not only medicine and surgery), and they also began to feel again the spirit of freedom and independence. They respected the working man and woman who did not care for guns instead of butter, but who would fight with words and deeds, anything encroaching on his liberty of thought and action. They wrote enthusiastic letters about the ideals of progress, about a free England, free Europe and a free world!

They found that the work done in Hospitals on this Island was more efficient and humane in those they had known on the Continent, although the buildings themselves might not be as impressive.

When Austria was invaded, fifty Austrian Doctors were selected by a special Committee of people who knew them and their reputation, who knew them to be opposed to the régime of terror, and to be good and honest men of their profession. These fifty were approved of by the Home Office, as well as the B.M.A., and were allowed to study here, to gain an English degree, and to become useful members of this community! They all were ready to do anything they were told to do! When war broke out they all enrolled for National Service in one way or another, and a large number of them was employed along with their English colleagues in A.R.P. work.

Members of this Hospital know that all refugee students only too willingly played their part in the National War Effort, and thought it only natural that they should do so.

Refugee Doctors in other Hospitals in London and the Provinces thought themselves fortunate to be in a position to help this country against the common enemy.

Then the order came: "No German, Austrian and Czech subjects were allowed to be in a Hospital under the E.M.S." And this after most stringent examination before admission to England, after re-examination by specially appointed tribunals, after the imposition of special restrictions. It must be stated here that all of them had been in this country for some considerable length of time, a number of them since 1933, the year Hitler came to power, and that none of them came with the big influx at the end of 1938, when immigration was considerably simplified by the "guarantor system." Of the late-comers, none were in a position to pursue studies as they all had left Germany and Austria penniless.

Two weeks after the first order, the general rounding up of all male friendly aliens of enemy nationality was put into force; however, men in key positions, doctors who were actually practicing and people who had English sons in H.M. Forces were exempted from internment. Why exactly these men who were more than most other people in a position to spread rumour and defeatist talk or to hold up production were freed from internment, was never made clear, but it was apparently felt that these people were necessary, and the risk taken in letting them carry on their work amidst the people negligible.

Young refugee Doctors and medical students who had previously offered repeatedly their services by trying to enlist in H.M. Forces, and who had been told time and again "to stick to their jobs," suddenly lost these jobs and even the possibility to finish their studies, and were given the alternative of either internment or of joining the Auxiliary Military Pioneer Corps—as privates!

It is not for us to question the wisdom of the decisions taken under stress conditions, but it is doubtful whether these men, who, although they are under military control in the Pioneer Corps, are nevertheless free to roam the country, free from most restrictions, are less dangerous now than they were previously. This shows that the Government does not expect any real danger from these men, and yet their real training is not being made use of in any way. They are highly trained and specialised men, they love this country, they hate Hitler more than any Englishman can possibly hate him, and as they have shown by enlisting, they are willing to work as privates, and yet their skill is wasted.

That there are more Doctors needed is borne out by an article in the B.M.J. of July 20th, 1940 (page 1860), which points out the shortage of Doctors in Australia.

There are Doctors overworked in Hospitals all over this country, and the evacuation of children in some districts has opened another problem for the profession.

Another aspect is the shortage of nurses. There was an announcement in the daily papers calling for more nurses urgently! Two days later over

200 nurses, amongst them a large percentage of S.R.N.'s and S.R.M.'s, were dismissed within a few hours on account of their nationality, although a stricter supervision than that experienced by nurses can hardly be imagined. There are 200 nurses kept at Government expense in a number of hostels in London alone. Would not they be more useful if employed according to their abilities? Is it really in the best interest of the country to make some 300 doctors build roads or let them sit behind barbed wire?

Lately an Advisory Committee has been set up, dealing with all aspects of internment and employment of "Class C" aliens of enemy nationality. This Committee has been approached by a group of young refugee doctors, all of whom have undergone their complete medical training in this country, with a view to ascertain whether or not they cannot be used in a more useful way. The outcome of consultations in this particular question will partly depend upon the attitude taken by members of the Medical Profession. We trust that their judgment will, as usual, be fair. They are in a position to decide the fate of these, their colleagues, as well as the welfare of this nation which is entrusted into their hands!

Yours, etc.,

P. A. BACHMANN.

\* \* \*

#### "LUNATICS"

To the Editor, *St. Bartholomew's Hospital Journal*  
Sir,

Bart's has deservedly a great reputation not only as the oldest of the London teaching hospitals, but also for its modernity of spirit. It was, therefore, with surprise and pain that I read in your editorial this month that you still refer to Mental Hospital patients as "lunatics." A more enlightened attitude among the general public towards mental illness is not to be expected while the bulk of the medical profession still retain the old conception of mental illness as an incurable disaster which must be hushed up and shut away in "asylums" (sic). It is difficult, naturally, to eradicate these ideas from older men who have grown up with them, but surely it is tragic that all the work which has been done and is still being done with ever-increasing value to the community should be ignored by those who are about to become active members of the profession.

Psychiatry is not such a difficult speciality that its principles need remain the closed book which they still appear to be. There is, perhaps, more room for research in this subject than in any other branch of medicine, especially in this country; but many students are undoubtedly prevented from adopting it as their speciality through the chaffing and thinly veiled ridicule of their seniors.

I will close this letter with a quotation from the Mental Treatment Act, 1930, Sect. 20 (5): "The word 'lunatic' . . . shall cease to be used in relation to any person of unsound mind. . . ."

And finally, I would suggest that a study of the provisions of this brief act should be, if it is not so already, an essential part of any course in psychiatry.

I am, Sir,

Your obedient servant,

J. PAWLE THOMAS.

The Mental Hospital, Berry Wood,

Northampton.

August 12th, 1940.



To the Editor, *St. Bartholomew's Hospital Journal*  
**"S.O.P. DRESSERS"**

Dear Sir,

At the beginning of October a new batch of men will be doing their S.O.P. appointment, including dressings in the Surgery.

None of these men will have done out-patient dressing before.

May I suggest that they be given a greater opportunity to benefit from this out-patient dressing than have had their predecessors of the last few months?

It was obvious that under present conditions it would be unnecessary for all men doing S.O.P.'s to attend every morning in the Surgery, and the present system whereby each man attends on two mornings of each week was introduced.

There is really nothing to commend this arrangement, either from the point of view of the patient or of the dresser.

The intermittent appearance of each dresser in the Surgery must result in a deterioration in the treatment of the patient because he is being attended to by someone different nearly every day.

Coincident with this, there seems to be an amazing variety of opinions as to the best treatment for each case, and dressings tend to be changed far too often just because the dresser does not know what is hidden beneath the bandage.

Apart from this, naturally a very large part of the knowledge and experience normally gained by the student in this part of his training is lost as he has little chance of following a case from start to finish.

I suggest that all this would be avoided if each of the S.O.P. firms attended in the Surgery every morning for one month of the three.

This could quite easily be arranged, as even on the firm's "days" there would be no need for most of the men to leave the "boxes" before 10 a.m.

I remain,

Yours faithfully,

**"OUT-PATIENT DRESSER FOR THE  
SECOND TIME."**

St. Bartholomew's Hospital,  
London, E.C.1.

August 13th, 1940.

## HILL END NEWS

### A.R.P. AT HILL END.

We did not seem to be taking the war very seriously at first; at least we hadn't got an air raid shelter or a parachutist post, or anything like that. True we had got the black-out and a few sandbags, but even the latter are now beginning to resemble the Hanging Gardens of Babylon rather than a means of defence.

But—they have camouflaged the Water Tower. I was one of those privileged to see this work of art in progress. Two men stood at the top with very long poles—how they got there I never discovered, for the only ladder I saw did not reach a quarter of the way up! Another man stood at the bottom a little way off; he it was who directed operations. He started off by uttering loud cries (we could not hear what they were) and gesticulating wildly. The immediate effect was the up-setting of an entire pot of green paint over the side of the tower, or alternatively of black paint. This went on for an hour or so, punctuated by much shouting from the participants and much helpful (and otherwise) advice from the spectators. The nett result is a cross between a surrealist nightmare, a badly kept birdcage, and a water tower!

They have also built us a Reservoir. At first we hoped that it was a swimming bath, and the patients hopefully measured the distance from the windows, with a view to spectacular high diving, but alas, they have divided it up into partitions and put bars across it—but this is anticipating. The pieces all arrived in a large lorry, and were unloaded with much grinding and scraping on to the grass. Here a few men stood around and surveyed the bits and scratched their heads. They then fetched a few more men, who also stood around and scratched their heads. They tentatively spread a few pieces out on the grass.

This was too much for them, and they gave it up until the next day. Work went on slowly, a rivet put in here and there, the effort being so great that the workmen lay down to it. At last it is finished, and half full of water, but I think that they've forgotten about the hose, as it has been hanging limply over the side for the past week. A.R.P. seems to have lost interest for all concerned now that the Nurses have to be booked in at 10 p.m..

ONLOOKER.

### CRICKET AT HILL END

Match v. Electrical Apparatus Co. July 20th, Home.

The features of this game were a magnificent last wicket stand of 57 by Hicks and Macaulay, and the fine bowling of Reynolds, who had eight maidens in his eleven overs. Hicks, triumphing over the impossibility of finding for him a bat long enough to reach the ground, exploited a fine slash through the covers; while Macaulay beat the ball to all four quarters of the field (but especially those over the bowler's, and over the slips' heads).

F. Reynolds, lbw, b Baxter ... 18	D. Kelsey, b Turner ... 0
C. E. Tudor ct Greenway, b Pell ... 9	A. G. E. Pearse, lbw, b Turner ... 0
J. O. Gallimore, b Baxter ... 20	J. K. Mason, b Turner ... 0
G. B. Goodchild, b Greenway ... 5	J. C. Macaulay not out ... 37
A. J. Gray, b Baxter ... 6	G. E. Hicks, b Greenway ... 16
R. B. McGrigor ct Thomas, b Baxter ... 23	Extras ... 20
Total ... 154	

E.A.C.—73 (Reynolds, 5 for 9; Gallimore, 2 for 26).

## v. Rodexicon C.C. July 27th, Home.

Our confidence was rather undermined from the outset in this match, when we heard that our opponents had made 223 for no wicket in their last match. Consequently, when we got them out for 109, we were more than satisfied. A poor start on our part made it look wiser to play for a draw. However, R. M. Mason coming in at 39 for 5 had other ideas, and a masterly 42 not out in 30 minutes secured a win in the last over.

## Hill End

C. E. Tudor, b Coulson ...	10	P. D. A. Durham, ct Cranley, b Tutty ...	11
G. E. Ffrench, run out ...	4	I. C. Macaulay, lbw Hart ...	1
J. O. Gallimore, ct Mardell, b Coulson ...	6	G. E. Hicks, not out ...	12
J. A. Atwill, b Hart ...	2	A. G. Everson, Pearse, did not bat	
A. D. McShine, lbw Hart ...	11	Extras ...	2
F. J. Taylor, b Coulson ...	12		
R. M. Mason, not out ...	42	Total ...	113

Rodexicon 109. (Taylor 4 for 30.)

## v. Hill End R.A.M.C. July 31st, Home.

Considering that some of the R.A.M.C. had never played before in their lives (there are approximately 11 R.A.M.C. men here), they did well to get us out for 115, nearly half of which came from Gallimore's bat. Their batting, however, was a sorry tale, lasting for 6.4 overs only. Going in again against the weird and wonderful attack of such trundlers as Pearse and Beck, they did better, with the exception of one gentleman who was discovered to have left the field some two hours before drawing of stumps.

## Hill End

C. E. Tudor, ct Wicks, b Nash ...	19	J. K. Mason, b Nash ...	1
P. D. A. Durham, b Nash ...	10	A. G. E. Pearse, b Alderson ...	9
J. O. Gallimore, b Nash ...	47	G. E. Hicks, ct Daniels, b Alderson ...	13
A. J. Gray, ct and b Wicks ...	8	G. Beech, not out	0
R. B. McGrigor, b Wicks ...	0	Extras ...	3
H. Bentall, b Nash ...	2		
J. C. Macaulay, ct and b Nash ...	3	Total ...	115

R.A.M.C.—15 (Gallimore, 4 for 5; Gray, 6 for 3) and 91 (Mason, 2 for 17; Bentall, 2 for 8; Pearse, 2 for 6; Beck, 1 for 2; Gray, 2 for 0).

## v. Herts. County Council C.C.

August 3rd, Home.

Herts. C.C. fared badly against the bowling of Taylor and Gray, who repeated Gallimore's feat in the last match by doing the hat trick, McGrigor being also concerned in each wicket. McGrigor was unlucky to be dismissed after a good innings when we needed 3 for victory.

## Hill End

F. J. Taylor, ct Godfrey, b Tomlin ...	1	L. W. Jeffreys, ct Richardson, b Fordham ...	0
P. D. Durham, b Tomlin ...	3	G. E. Hicks, b Tomlin ...	2
G. B. Goodchild, b Finch ...	9	A. Alderson, did not bat ...	0
A. J. Gray, ct Tomlin, b Fordham ...	26	G. Beck, b Tomlin ...	0
R. B. McGrigor, b Tomlin ...	20	J. Ruffles, not out ...	1
J. K. Mason, ct Chessum, b Tomlin ...	13	Extras ...	27
Herts. C.C. —74		Total ...	102

(Gray, 6 for 24; Taylor, 3 for 20).

## v. St. Michael's. August 4th, Home.

Despite some lucky wickets, obtained by a judicious mixture of bouncing the ball twice and making intimidating appeals, by Gray, St. Michael's batted well to score 125. Only Durham and Gallimore were able to play their bowling with any success; though Hewitt Mason and Hicks all succeeded in striking the ball well at times during their all too brief innings.

## Hill End

P. D. Durham, c and b Funnell ...	13	R. B. McGrigor, b Turner ...	1
R. M. Mason, ct Funnell, b Turner ...	1	O. Kelsey, b Turner ...	0
J. O. Gallimore, ct H. Pearce, b Turner ...	25	J. K. Mason, lbw, b Funnell ...	5
G. B. Goodchild, b Funnell ...	0	G. E. Hicks, not out ...	8
A. J. Gray, ct Halsey, b Turner ...	1	F. J. Taylor, ct Biles, b Funnell ...	6
S. R. Hewitt, b Funnell ...	9	Extras ...	8
St. Michael's—125		Total ...	77

(Taylor 2 for 24; Gallimore, 1 for 25; Gray, 6 for 51; Goodchild, 1 for 21).

## v. Odham's Press. August 10th, Home.

Without Gallimore and Taylor, our best bat and bowler respectively, we were well beaten on this occasion. Mason was the only bowler to be treated with any respect, though Mr. O'Connell was unlucky not to get more wickets after doing some strenuous fielding in the deep. About our batting, after an opening stand of 30, the less said the better.

## Hill End

P. D. A. Durham, lbw, b Yates ...	12	J. K. Mason, b Halsey ...	0
G. B. Goodchild, lbw, b Halsey ...	18	J. C. Macaulay, ct. Dyas, b Yates ...	5
A. J. Gray, b Halsey ...	5	R. J. Mackay, ct Edis, b Yates ...	0
B. Rait-Smith, b Halsey ...	3	T. Pegg, not out	2
R. B. McGrigor, ct Yates, b Halsey ...	0	L. W. Jeffreys, b Halsey ...	0
J. E. A. O'Connell, lbw, b Yates ...	1	Extras ...	9
Odham's Press—159		Total ...	55

(Mason, 5 for 31; O'Connell, 2 for 33).

v. **Shenley Hospital.** August 11th, 1940.

With a depleted team, we were once more beaten for the second day in succession. The match was played at Cell Barnes as bigger things were in progress at Hill End, and perhaps the strange surroundings were responsible for the loss of length by our bowlers and of eye by our batsmen.

Hill End			
F. Reynolds, Snr., lbw, b Gledhill	18	J. K. Mason, ct	
F. Reynolds, Jnr., ct Wilson, b Woodcock	0	Woolridge, b Woodcock	3
R. M. Mason, b Woodcock	1	J. Ruffles, b Gledhill, E	0
G. B. Goodchild, b Gledhill, E	8	G. Abrahams, not out	14
R. B. McGrigor, b Gledhill, E	7	R. J. Mackay, ct Hill, b Woodcock	0
J. Nash, b Gledhill, E	1	Extras	16
P. D. A. Durham, ct Wilson, b Gledhill, E	6	Total	74
Shenley—186 for 9 dec.			

**Tail-Piece**

No. 11 of a visiting side, on perceiving that a certain member of the Hill End permanent staff was bowling: "Is that old — bowling? He's sure to get me out; he's done for the last twenty years!" (The old — did.)

\* \* \*

**QUEENS' COLLEGE, CAMBRIDGE.**

*Preclinical students are still on holiday. We trust we will be able to publish a full account of their activities next month.*

\* \* \*

**SPORTS NEWS****CRICKET CLUB**

Saturday, July 27th, v. **Middlesex Hospital.** Played at Chislehurst.

The Hospital managed to raise a side for this, the last official match of a very disappointing season. Middlesex won the toss, and decided to bat. But the start was delayed by a thunder-shower. Play eventually began at 3.30, and runs came freely against the bowling of Evans and Lucey. Westwood, going on for Lucey, took two very useful wickets in his first over. The fielding was generally quite keen in spite of the slippery state of the ground. At 4.30, rain stopped play again, and tea was taken. After tea, we got four more of their wickets before they declared at a total of 128. When Evans and Wells both started batting for the Hospital the sun was shining, and the thunder clouds had rolled away. After Evans had been caught early on, Wells-Cole and Westwood, a newcomer to the side, settled down to some very attractive cricket. Westwood brought out some excellent shots, hitting many delightful drives and powerful back shots. When these two were out, it looked as if the remaining batsmen would be able to get the necessary runs, but the wickets fell rather quickly. The Fison brothers attempted their big hits, and even Bates hit a six into the newly-dug trench, but the effort proved too much, and it was left to the last batsmen to make 7 runs in the last over. These runs were unfortunately not forthcoming, and so we narrowly lost a very interesting and enjoyable game.

To-day was also marked by being White's last Saturday, and I feel sure that all Bart.'s men who have known him down at Chislehurst will wish him the best of good luck in his new job as Sergeant-Instructor in the R.A.F.

**The Hospital.**

J. W. G. Evans, c Wilmot, b Lenton	1	J. F. Lucey, b Fermont	0
C. H. Wells-Cole, lbw, b Wilmot	35	M. Bates, b Wilmot	14
J. G. Westwood, run out	44	R. D. W. Schofield, b Lenton	1
J. L. Fison, b Wilmot	8	L. A. McAfee, not out	4
J. E. Gabb, b Wilmot	0	Extras	2
B. Jackson, c Holbrow, b Fermont	13	Total	122
<b>Middlesex Hospital:</b> —128 for 6 wickets dec. (Westwood 2 for 26, J. L. Fison 2 for 5).			

\* \* \*

Saturday, August 17th, 1940, v. **Middlesex Hospital,** at Chislehurst. (12 a side.)

For our return match with Middlesex we had a stronger side than before, and hoped to do well. But, in perfect weather, their opening pair put on 131 before being separated. Our bowling was not bad, but there was no assistance from the wicket at all. They went on batting very well and fast, and declared after just about two hour's batting.

From the very beginning of our innings things looked bad. A fast left-hander opened the bowling for them, and had half the side out for a paltry 23. But James and Harold were most determined,

and scored with a fine disregard for the bowling which had caused so much havoc just before. They put on 52, and gave us our chance of saving the game. Heyland batted steadily in spite of an injured hand, and after he and James, whose 39 was an invaluable innings, full of good shots, were out, McAfee and Pritchard had an entertaining few minutes of hard and true hitting, the game being saved with the aid of our 12th man, lent by Middlesex.

#### St. Bartholomew's Hospital.

J. W. G. Evans, b Mutch ...	5	B. Jackson, b Wilmot ...	0
A. D. MacShine, b Mutch ...	1	R. Heyland, c H o l b o r o w, b Mutch ...	13
G. H. Wells-Cole, b Mutch ...	0	L. A. McAfee, b Pratt ...	10
C. G. Nicholson, b Mutch ...	3	J. J. Pritchard, not out ...	20
J. C. N. Westwood, c & b Mutch ...	9	Cice, not out ...	2
J. T. Harold, b Wilmot ...	20	Extras ...	4
C. T. A. James, c H o l b o r o w, b Pratt ...	39		
Total (10 wks.)		126	

Bowling:—Mutch 6 for 38.

Middlesex Hospital:—230 for 6 declared (James 2 for 34).

#### LAWN TENNIS CLUB

As in all other sports it has been exceedingly difficult to turn out a regular six, and although our record is not very impressive, we have had many enjoyable games.

On Wednesday, June 5th, we went up to Cambridge to play Caius College, but owing to the sudden end of the University team, only one Caius man was playing. However, they turned out a side which beat us by the odd match, 5-4, and both the game and the inevitable night spent in Cambridge were thoroughly enjoyed by all.

Of the four fixtures for the 2nd VI. only two were played, the others being scratched by the opponents.

#### 1st VI.

v. London Hospital ...	Lost 7-2
v. Balliol College, Oxford ...	Won 7-2
v. St. Thomas's Hospital ...	Lost 6-3
v. Middlesex Hospital ...	Won 5-4
v. Caius College, Cambridge ...	Lost 5-4
v. Metropolitan Police ...	Lost 9-0
v. Middlesex Hospital ...	Scratched
v. London Hospital ...	Lost 8-2
v. Chiswick ...	Scratched
v. Royal Naval College ...	Won 6-3
v. City Police—July 27th	
v. Hill End Hospital—August 3rd	
v. City Police—September 21st	

#### 2nd VI.

v. University College Hospital ...	Lost 8-1
v. St. Thomas's Hospital ...	Lost 6-3
v. Middlesex Hospital ...	Scratched
v. Middlesex Hospital ...	Scratched

#### SWIMMING CLUB

On August 1st, a game of Waterpolo, arranged hurriedly the day before, was played against a combined Westminster and Charing Cross Hospitals side. Both sides turned up short of men and had to borrow from St. Mary's, and this resulted in a win for Bart's 6-4, after a pleasant and not too serious game. At the end of the first half, both sides were level 2-2, and it was during a seemingly unending second half that most of the scoring was done. During this period, too, one member of the Bart's team began sinking lower and lower in the water until at the end his centre of buoyancy was so low that he only made occasional visits to the surface for air. However, he rapidly revived later on in the evening.

Incidentally, this was the first time in over a dozen matches that the club has had difficulty in raising a full side. Tea—C. R. P. Sheen, C. A. Young, L. A. McAfee, W. M. Tucker, B. F. Ray, I. E. D. MacLean, T. Rowntree.

#### Bart's v. Mill Hill and Friern

Played at Mill Hill on Monday, August 11th, resulting in a win for Mill Hill and Friern.

When the Bart's team arrived, they found the Mill Hill side somewhat depleted. Sir Girling Ball had refused to swim. Mr. Michael Boyd was suffering from an overdose of massage, and Dr. Maclay and Neville Grant had colds. Still, with the help of a Friern contingent, consisting of the expert McAfee, and Spafford—who was still "staying the night" following a recent cricket match (Mill Hill hospitality, being what it is)—D. J. A. Brown and the redoubtable J. E. Lovelock made up a formidable body of men. Rather too formidable for Bart's who, apart from I. E. D. MacLean, were by no means regular swimmers—some less regular than others.

The One Length went to Mill Hill and Friern, being won by McAfee, with Borrie second and Brown third. Hepderson Also Swam for a while, but was reserving himself for the Relay.

In the Two Lengths Bart's scored their only success, MacLean winning from Lovelock after an exciting finish, with Attlee third. Spafford Also Swam for one length, using what the judge described as a "Crab Stroke"; he, too, was reserving himself.

Henderson, for Bart's, and Brown, for Mill Hill, started off the Relay. The former began with a fierce crawl, but had to try everything before he reached the end, thus giving Mill Hill a lead of a clear bath's length. In spite of desperate efforts to catch up by Attlee and Borrie, MacLean was unable to overhaul Lovelock in the last lap.

Exhibition diving by MacAfee and Spafford ended the evening's entertainment just as night began to fall. Thanks are due to the sole spectators and judges, Sir Girling Ball and Nurse —, for their excellent encouragement and support.

A wonderful place, Mill Hill, breathing peace and friendliness. . . .

#### CLERIHEW.

Testosterone

Is an anachronous hormone.

Long before 1882, in fact,

It was making the Married Woman's Property Act.

(PETER QUINCE.)

## NEW BOOKS

**Handbook of Physiology and Biochemistry.** Haliburton & McDowall. (John Murray. Price 18/-.) 36th Edition.

The "Handbook of Physiology," originally written by Dr. Kirke in 1848, has now appeared in its thirty-sixth edition. The popularity which this implies can be attributed mainly to two reasons. First, that as the book in its various editions has been published over a period when the foundations of modern physiology have been both laid and built upon, inevitably it includes much of the history of this period and borrows interest from the historical beliefs which are still retained in the text. It is, incidentally, much to be hoped that many students with curious minds (that is "enquiring"), will be stimulated to turn to Hippocrates, Galen and the Persian school of physiological thought to establish the sources of some of the theories advanced in the Handbook. On the other hand it is perhaps, unfortunate that Dr. Kirke's successors have omitted to make a clear distinction between myth, legend and prosaic fact—Dr. McDowall even confesses that he has made a conscious effort to weave new material into the text with a minimum of disruption of the classical *motto*. The second reason is that, with a sure knowledge that the eye and mind of the young physiologist will be attracted only by the highly conspicuous, the book has been bound in scarlet.

As the title "Handbook" suggests, the book should be read only after enlightenment from other sources on the subject of physiology. The blank page at the end of every chapter, upon which the reader may record his own original thoughts, is most commendable: had the whole book been modelled on these lines it could have been used quite conveniently as a notebook.

**Introduction to Pharmacology and Therapeutics.**

J. A. Gunn. (Oxford Medical Publications. Price 6/-.) 6th Edition.

Dr. Gunn's primary purpose has been to provide the student with a short survey of the actions and uses of the principal drugs. This he has done rather by selection than by summarizing, and his selection has been influenced more by the practical than by the academic importance of a particular drug. The chapters are arranged under headings dealing with the site of action of the pharmacological groups.

With the publication of the sixth edition the book has been brought up to date and, used in conjunction with a competent course of pharmacology, it should be adequate for any of the university examinations, though it is to be regretted that the short paragraph on the sulphanilamide compounds is so disproportionate with their present importance. Dr. Gunn has, nevertheless, succeeded admirably in his intention, and as a short survey of the subject his book has well deserved its popularity.

**The Universe Through Medicine.** J. E. R. McDonagh, F.R.C.S. (W. Heinemann, Ltd. Price 25/-.)

For many years Mr. McDonagh has been attempting to reduce disease in general to its lowest terms. His investigations have been con-

ducted mainly in the realm of chemico-physics, and he has paid particular attention to the colloids and plasma proteins. On the results of his research he has elaborated a theory of the nature of disease which is as comprehensive as the title of the book suggests. Offshoots of the main theory embrace almost every phenomenon of living matter—including bacterial mutation, the nature of viruses, polemics, philosophy and sociology. The author's previous published work on the nature of disease has aroused much interest and practical application of his theories has resulted in the successful use of many new therapeutic agents. This book is his *credo*, and whether or not his beliefs are eventually substantiated and confirmed it is unusually interesting and worth reading for the freshness of his subject alone.

**Fighting for Life.** S. Josephine Baker, M.D. (Robert Hale & Co. Price 10/6.)

In 1901, when Dr. Josephine Baker entered the Health Department of New York City, the child and infant welfare services were limited to a few private philanthropic institutions and to the City's medical inspectors who were uniformly incompetent and corrupt. Dr. Baker was appointed Director of the new Bureau of Child Welfare in 1908, and within fifteen years she had been responsible for reforms which covered nearly every aspect of infant welfare, with a success which is borne out by the statistical evidence of an infant mortality rate reduced from 144 to 50 per thousand: milk, educational and welfare centres were opened extensively in New York City, and by 1923 these had been imitated throughout the United States. Opposition to such widespread reforms was inevitable, particularly as Dr. Baker was the first woman doctor to hold a high public administrative post in America. Not only did slum mothers apparently prefer that their babies should die for a faith in a folk-lore which fed them on pineapple and beer: the medical profession was afraid that a wholly healthy infant and child population would offer little encouragement to young men to take up medicine: the local government of the Tammany clique was obstructive from habit and added considerably to Dr. Baker's difficulties.

At the beginning of the century public welfare services in America were less developed than in this country, but now the unsolved problems of child welfare in America have their equivalent here and Dr. Baker has much to say which is pertinent to both countries. She has told the story of an enthusiast for neglected causes, and has written this autobiography with such sincerity and vigour that it is impossible not to be interested and inspired by her account of her work.

**Anatomy and Physiology for Nurses.** By Evelyn Pearce. (Faber and Faber. Price 5/-.) 5th Edition.

This textbook for the Preliminary State Examination is now in its 5th edition. It is a handy-sized, readable book, pleasantly written in obviously feminine style and pleasantly illustrated. The physiology is up to date, and there is an appendix containing questions from recent examinations and references to the pages of the book that supply the answers. Anatomy and Physiology without tears, and all for 5/-.



## OBITUARY

REGINALD CHEYNE ELSLIE.

Our Hospital and Orthopaedic Surgery have suffered irreparable loss with the death of Reginald Cheyne Elmslie, at the age of sixty-two.

He inherited connections both with the sea and with surgery. His father was for many years well known to travellers to and from Australia as the master of the famous clipper "Sobraon," a fine model of which used to adorn his consulting rooms. Through his great grandfather he was descended from the Cheynes of Edinburgh, who for three generations practised surgery in that city.



He entered St. Bartholomew's from Brighton Grammar School with a scholarship. As a student he gained further honours, and qualified with the Conjoint Diploma in 1901. The M.B., M.S. with gold medal, and F.R.C.S. followed in due course, and among other academic distinctions he won the Laurence Scholarship of this Hospital and the Jacksonian Prize of the Royal College of Surgeons. He was House Surgeon to Sir Henry Butlin, and afterwards held an appointment at the Royal National Orthopaedic Hospital, where he became interested in the branch of surgery to which he was later to devote his life. Instead of graduating to the Surgical Staff of the Hospital through "the Rooms," he became a demonstrator of Pathology. The five years which he spent in this department had a lasting influence on his surgical outlook and teaching. Apart from his well known contribution to the pathology of bone disease, this early training was evident in his approach to everyday clinical problems.

After his appointment to the post of Surgical Registrar at Bart.'s and to the Staff of the Metropolitan Hospital success in general surgery was assured. He elected, however, to devote himself to Orthopaedics, and in 1912 became Surgeon in

charge of the Orthopaedic Department of our Hospital, the first specialist to hold this post. Although this department was the oldest of any teaching hospital in London, it had previously been under the care of one of the assistant surgeons.

Under his direction, which lasted twenty-five years, the department, always large so far as Out-patients were concerned, at length acquired its own ward and operating theatre and an assistant orthopaedic surgeon.

The years of the last war were for him a period of unremitting toil. In addition to his civilian duties at Bart.'s and the Orthopaedic Hospital, he worked as a Military Surgeon at the First London General Hospital and at Shepherd's Bush, and later at Queen Mary's Hospital, Roehampton. For his services he received the O.B.E. Military Division.

No full account can be given of his activities during the succeeding twenty years, but they form an astonishing record of public service and disinterested devotion to duty. He did much for the welfare of crippled children, and the organisation of the treatment and supervision of physically defective children under the London County Council were largely due to his pioneer work. Later, as a moving spirit in the Central Council for the Care of Cripples, he did much to further their cause throughout the whole country.

He was a regular attendant at meetings of scientific societies, where his gift of clear exposition always commanded attention and respect. He became President of the British Orthopaedic Association, of the Orthopaedic Section of the Royal Society of Medicine and of the Section of Orthopaedics of the British Medical Association.

One of his most exacting but pleasurable tasks was to further the interests of the massage profession, and he served in turn as Vice-Chairman, Chairman and President of their Society. Their present high professional standing is largely due to his efforts and guidance.

A few years ago he was called upon to give expert evidence before the Select Committee of the House of Lords which considered the osteopaths' claim for registration. He was also a member of the Royal Commission on Workmen's compensation at the time of his death.

In the lighter vein he was, as a student, an active member of the Dramatic Society, and he maintained this interest throughout his life.

His clarity of thought and sound judgment made him a valuable committee man, and his work on the Medical Council of this Hospital, of which he was at one time Chairman, and also on the Council of the Royal College of Surgeons, will be remembered.

In all a remarkable record of achievement, but only someone closely associated with him in his daily work could appreciate Elmslie's real worth. Of a retiring nature, he never courted popularity or sought self advertisement. Yet his reputation was international. Foreign orthopaedic surgeons visiting this country always wanted to meet him,

Esteem of this sort is not easily achieved or maintained. It was the sterling quality of Elmslie's work which demanded such recognition.

Both hospital and private patients he treated with the same unvarying courtesy and attention, and even towards the end of a long Out-patient afternoon or operating list he never showed any sign of impatience or flagging interest.

The fact that so many of his house surgeons have since adopted orthopaedic surgery as a career is a tribute to his teaching and example.

He will be sadly missed by patients, pupils and colleagues alike. S.L.H.

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#### NORMAN OCTAVIUS WILSON

Norman Octavius Wilson, who died at his home at Rondebosch, on 5th June, 1940, was much beloved by all who knew him. Born in 1870, he was the youngest child and eighth son in a family of eleven. He was Foster-Prizeman in 1889, and served the Hospital as House Surgeon to Mr. John Langton, and Ophthalmic House Surgeon to Mr. Henry Power. He passed the Final F.R.C.S. examination before he was 25. In 1898, his health

broke down temporarily, and he went to Cape Colony, where he practised till within a year of his death, except for service in the Army during the South African War. His was a brilliant and versatile personality. Whilst at the Hospital he excelled in games. Later in Cape Town it was discovered that he had a magnificent singing voice, and he devoted his holidays to painting with great success the scenery of East and South Africa and the neighbourhood of the Victoria Falls. His health had been uncertain for some time, but during the last twelve months there had been continuous loss of strength. He was married in 1897, and his devoted widow and only daughter survive him.

Over forty years ago he told the writer the following true tale, too unique to be omitted, and considering the date of the incident I hope not subversive. At the final fellowship examination he was accompanied by a friend, "M." When the list was read out Wilson was told that he had failed, but "M's" name was among the successful. "M" was so confident of his friend's superiority that he tackled the announcer, alleging that a mistake must have been made. On a scrutiny the error was found out, and Wilson's success also was acknowledged.

#### BIRTHS

SIMMONDS.—On July 12th, 1940, at Redhill County Hospital, Edgware, to Agnes (née Ayrton), wife of F. A. H. Simmonds, M.D.—a daughter.

BAYNES.—On July 15th, 1940, in Hertfordshire, to Jean (née Logan), wife of Trevor L. S. Baynes, M.D.—a daughter.

PARSONS.—On July 23rd, 1940, at 77, Grange Road, Cambridge, to Betty, wife of F. B. Parsons, M.D.—a daughter.

HINDS HOWELL.—On August 1st, 1940, at Wrexlesham Grange, Farnham, to Jasmine (née Greenaway), wife of Major Anthony Hinds Howell, R.A.M.C.—a daughter (Penelope).

RICHARDS.—On July 21st, 1940, at Cambridge, to Love-dow, wife of Dr. F. Alan Richards—a son.

SNOW.—On August 9th, 1940, at Mount Stuart Nursing Home, Torquay, to Mary (née Burton), wife of Major J. E. Snow, R.A.M.C.—a son.

DALE.—On August 13th, 1940, at Grantham, to Mary (née Willoughby-Osborne), wife of R. H. Dale, F.R.C.S.E.—a son.

#### MARRIAGES

DOUGLAS-COX.—On July 25th, 1940, at All Saints', Harrow Weald, Middlesex, Dr. W. Michael Douglass, son of the late Dr. W. Cloughton Douglass and Mrs. Douglass, of Stanmore, to Margaret Ruth, younger daughter of Mr. and Mrs. H. T. Cox, of Long Sutton, Somerset.

SUTTON-HARDY.—On July 23rd, 1940, at St. Bartholomew's-the-Less, London, by the Rev. J. S. Dugdale, Dr. Michael G. Sutton to Ruth Mary Hardy.

PROCTOR-SEATON.—On August 3rd, 1940, quietly, at Hawkhurst, Lieut. Henry Proctor, R.A.M.C., younger son of Colonel A. H. Proctor, D.S.O. (I.M.S., retired), of Hammersmith Hospital, London, and Mrs. Proctor, to Jean Tyrie, elder daughter of John Seaton, Esq., J.P., and Mrs. Seaton, of Blair Atholl, Perthshire.

BENTALL-GREGORY.—On July 11th, at St. Bartholomew's-the-Less, Dr. Anthony Pearton Bentall and Nobby Gregory, daughter of Colonel and the late Mrs. Gregory.

#### DEATHS

EMLYN.—On July 19th, 1940, at Tretawn, Boars Hill, Oxford, Charles Willmore Emllyn, M.R.C.S., L.R.C.P., aged 78.

ELMSLIE.—On July 24th, 1940, at Tuesley, near Godalming, Reginald Cheyne Elmslie, O.B.E., M.S., F.R.C.S., Consulting Surgeon, St. Bartholomew's Hospital, and Royal National Orthopaedic Hospital, aged 62.

LEY.—On July 16th, 1940, suddenly, at Chilbolton, Hants, Bernard Ley, M.R.C.S., L.R.C.P., late of 18 Ashburn Place, S.W.7.

PERL.—On June 29th, 1940, at Martin's Oak, High Street, Battle, August Frederick Perl, M.R.C.S., L.R.C.P., aged 64.

SMITH.—On July 29th, 1940, as the result of an accident, Llewellyn George Smith, M.R.C.S., L.R.C.P., husband of Nancy (née Davis), of Sittingbourne, Kent, aged 38.

WARING.—On August 3rd, 1940, at Fishbourne Cottage, Fishbourne, Chichester, John Arkle Waring, M.A., M.B.B.Ch.

#### UNIVERSITY OF CAMBRIDGE FINAL M.B. EXAMINATION

Easter Term, 1940

##### Part I (Surgery, Midwifery and Gynaecology).

Bentall, A. P.  
Payne, A. D.  
Todd, R. M.  
Brooke, B. N.  
Rowntree, T. W.  
Friedman, R.  
Shooter, R. A.  
Morgan, H. V.  
Smith, L. W.

##### Part II (Principles and Practice of Physics, Pathology and Pharmacology).

Friedman, R.  
Morgan, H. V.  
Shooter, R. A.  
Gregory, T. S. S.  
Mungavin, J. M.  
Smith, L. W.  
Jack, R. C.  
Payne, A. D.  
Todd, R. M.  
Jeffries, P. G.  
Rabinowitz, H.

